

Mariposa Care Group Limited

# Blackwell Vale Care Home

## Inspection report

Durdar Road  
Blackwell  
Carlisle  
CA2 4SE

Tel: 01228512456

Date of inspection visit:  
23 March 2022  
24 March 2022

Date of publication:  
26 May 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Blackwell Vale Care home is a residential care home providing personal and nursing care for up to 60 people. The service provides support to older people, including people living with dementia. At the time of our inspection there were 44 people using the service.

The home is set out over two floors in an older, purpose-built building. The first floor accommodated people living with dementia-related conditions. The ground floor accommodated people who have general nursing and personal care needs.

### People's experience of using this service and what we found

People praised the staff for their care and kindness. Staff were friendly and engaging. People received personalised care from staff who knew how to support each person in the way they preferred. The service was run in the best interests of the people who used it.

Staff made sure people were treated with dignity and respect, and their independence was promoted. People's individuality was valued and their decisions were respected.

The service was safe. Risks to people's health and safety were managed without compromising their independence. Medicines were managed in a safe way. Safe infection control and prevention practices were followed. People and staff had regular testing for COVID-19. Staff received training in the appropriate use of PPE. We saw staff followed current government guidance.

The home was clean and comfortable. The premises were undergoing extensive building and refurbishment. Safety measures were in place to make sure this did not impact the people who lived there.

There were enough staff to make sure people received safe care. Staff were trained and supported to carry out their job. Staff said there was a good culture in the home and said the registered manager was encouraging and supportive.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People, relatives and staff said the service was well-run and praised the management style as open and approachable. People had information about how to raise issues and said they were confident about discussing anything with the registered manager.

The provider and registered manager carried out regular checks of the safety and quality of the service. The provider was committed to continuous improvement of the service and had made some positive changes to

the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 7 March 2020.

#### Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Blackwell Vale Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Blackwell Vale is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Blackwell Vale is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received since the service became registered with CQC on 10 October 2020. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 11 people who used the service and contacted 10 relatives about their experience of the care provided. We spoke with 11 staff across a range of roles including managers, nurses, care workers, housekeeping, catering and administration. We also contacted 23 staff by email for their views.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to protect the people who lived at the home. Staff understood their responsibilities to report any concerns.
- People said they felt safe and well-cared for. Their comments included, "They (staff) look after us so of course I am safe" and "I have no worries and I do feel safe here." A relative told us, "With their level of dementia my [family member] is unable to promote or maintain their own safety. I have been so assured by the level of care given to my [family member] at Blackwell Vale."

Assessing risk, safety monitoring and management

- The provider assessed and monitored potential risks to people's safety.
- People's care records included information about individual risks, such as pressure care and mobility. These were kept under review and actions were taken to minimise risks to people's health.
- The provider employed maintenance staff to carry out routine health and safety checks and these were up to date. At the time of this inspection, the provider had started a renovation and refurbishment programme in the home. This had been well-planned to cause minimal disruption and to make sure people and staff remained safe during this work.

Staffing and recruitment

- The provider had systems for the safe recruitment of staff. Sufficient checks were carried out prior to appointments to ensure staff were suitable to work with vulnerable people.
- The provider used a dependency tool to calculate the number of staff required and there were enough staff on duty during this inspection. People told us, "They always come when I buzz" and "The staff are a bit busy sometimes, but they always try to get to you quickly."
- Staff felt there were usually enough staff but said there were occasional challenges to fill gaps in the rota. The provider had contingency arrangements, including the use of agency staff, to make sure any gaps were filled.

Using medicines safely

- People's medicines were safely administered.
- Staff received training in medicines management and they had annual assessments of their competency.
- Medicines records were up to date and regularly checked. The home's audit system identified occasional gaps which were addressed and staff reinstructed where necessary. Some protocols for the use of 'as required' medicines would benefit from more detail and this was to be addressed.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

The home was facilitating visits in line with the current government guidance. Overall, people and relatives were satisfied with the visiting arrangements. One relative felt weekend visiting was restricted, but the registered manager explained this may be due to the volume of visit requests.

### Learning lessons when things go wrong

- The provider had a system to record accidents and incidents which were reviewed by the provider and registered manager to identify trends.
- The registered manager analysed this information to check whether there were any actions to take, such as referral to health specialists or provision of equipment. For example, there were instances where sensor mats had been put in place to support people who were at risk of falls.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person's needs were assessed before they came to the service to make sure the right care could be provided.
- The service and other care professionals used a multi-agency approach to make sure people's needs were kept under review.
- Information about people's abilities, preferences and needs was used to develop personalised individual plans of care.

Staff support: induction, training, skills and experience

- The provider had training systems in place to make sure staff received essential training in health and safety. Staff also received training that was relevant to their roles, including care and clinical competencies.
- People and relatives said regular staff were knowledgeable and competent.
- Staff said they were well-supported by the provider and registered manager. They received periodic supervision to develop them in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- The new provider had improved the catering arrangements in the home. People had choices about meals and were supported with their individual dietary needs and preferences.
- People were complimentary about the quality of food. They told us, "The food is very good, and I have a nice choice" and "The food is very good, it has changed since the new owners so it's nice now."
- The catering staff said there was "very good communication with the nurses and care staff" and they were kept informed of any change in someone's diet. Catering staff were knowledgeable about using fortified foods and modified textures, where needed, to support people's nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff made sure people had access to healthcare services when required.
- People described regular input from their GP and relatives said the staff kept them well-informed about any input from health professionals. For instance, one relative commented, "The staff call me when an incident happens and let me know what they have done. They have involved the behaviour team, have included the GP and medicine reconciliation and so on."

Adapting service, design, decoration to meet people's needs

- The home had adaptations, including bathing equipment and mobility equipment, to support people's physical needs. The home also provided adapted cutlery and sensor equipment to assist people with their individual needs.
- The first floor provided accommodation for people living with dementia. The home was an older building that had not originally been designed or decorated to support those needs. At the time of this inspection, extensive refurbishment work was being undertaken to improve the quality of the accommodation and it was intended to improve the dementia design.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The provider followed the principles of MCA. People were involved in decisions about their care where they had capacity to do so. People who lacked capacity were supported by relevant representatives and decisions were made in their best interests.
- The provider verified and recorded whether relatives had Lasting Power of Attorney (LPA) status. This made it clear who would have the legal right to make decisions in the future on behalf of people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People described staff as "lovely" and "kind". They told us, "They are so nice to everybody" and "Staff are very good to us, very considerate."
- Relatives praised the kind, compassionate staff. One commented, "The staff at Blackwell Vale are caring, loving and humorous. Nothing is too much trouble for them and they have gone out of their way to make [my family member] happy."
- There was lots of friendly chats and laughter between people and staff.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in making their own decisions and their choices were respected. They told us, "I do what I want when I want, that's why I like it here" and "They do ask you what you want."
- Staff were very clear that people were the decision-makers in the home. People were offered lots of choices throughout the day and were encouraged to follow their own preferred daily routines.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that upheld their privacy and dignity. People were always asked first before any assistance was given and staff offered lots of polite 'please' and 'thank-you's' when attending to people.
- Relatives commented positively on the way staff respected people. One relative commented, "My [family member] always smiles when she hears [the staff] talking to her and we couldn't ask for anything more."
- Staff told us their colleagues were respectful and helpful towards people. One staff told us, "They talk to residents with respect and treat people as individuals." Staff encouraged people towards enhanced independence. One staff gave us examples of care staff encouraging people to walk a few steps again after periods of immobility and said this had "massively improved their quality of life".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised service that met their individual needs. Staff were very familiar with each person's preferences and abilities.
- The provider had introduced an electronic care planning system. People's care plans were person-centred and gave staff clear directions about how to meet people's needs.
- The care recording system included time-specific tasks for care staff to complete for each person, for example, giving drinks and support with changing. Staff were a little concerned this would lead to inflexible assistance. Senior manager agreed and was to address this to make sure staff could continue to meet people's needs at the times they wanted.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had an accessible information policy.
- People's individual communication abilities and needs were recorded in their care plans. The service was able to provide information in different formats to meet individual needs such as easy read and large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of this inspection, the posts of lifestyle support staff [activities staff] were vacant so care staff were endeavouring to provide a reduced programme of activity for people where time permitted. Staff commented, "Activities were going really well but unfortunately with everything going on [staff cover due to COVID-19] it's hard to find the time."
- People said they understood the situation and were appreciative of the attempts by care staff. The activities board showed nail care, music sessions and chair exercises were on offer. People told us, "There are things to do sometimes, the staff do try" and "This wretched COVID has put a stop to a lot, but they do try to do things." In the meantime, several people had mobile phones, internet access and to streaming services for their TV or laptops.
- The home was introducing a new activities programme called 'Oomph' which focused on improving the social, physical and mental wellbeing for senior citizens in care. These will include quizzes, activities, online videos and live exercise sessions.

#### Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure. People had a copy of this in the residents' information guide.
- People and relatives said they would feel comfortable about raising any comments. People had a good relationship with the registered manager and spoke with her regularly.
- The provider kept a record of any complaints for analysis and provided complainants with written outcomes.

#### End of life care and support

- The service provided compassionate care to people who were at the end stages of their life.
- Care plans about people's preferences about end of life care were detailed and respectful. Staff had training and experience in supporting people with their palliative care needs.
- Relatives were very appreciative of the sensitive support and kindness shown towards them and their family members at the end of their lives.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a welcoming, positive culture. People told us management and staff were friendly, accommodating and approachable.
- Staff said there was good culture in the home and they worked together in the best interest of the people who lived there. Their comments included, "It's very good teamwork" and "It's been quite a struggle [due to the pandemic] but we have all pulled together."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager used a quality assurance system to check the safety and quality standards in the service. A range of audits were regularly carried out. Any shortfalls identified were added to an overarching action plan, which was overseen by the provider.
- People told us they knew the registered manager well. They commented, "She comes in to see me and chats about everything" and "The manager pops in and asks questions about [what I think.]" People said the registered manager was very approachable and they would be able to raise anything with her.
- The provider and manager worked in an open and transparent way. Statutory notifications were submitted to the CQC in line with legal requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People told us they were kept up to date with any changes in the home and their opinions were sought. Residents' meetings were held and there was a resident/relative information board in the hallway.
- Staff told us they felt supported and had opportunities at individual or group meetings to express their views. Their comments included, "The manager is totally supportive, open to suggestions and ideas" and "I feel my views are respected."

Continuous learning and improving care

- The provider and registered manager were committed to the continuous improvement of the service.
- Since taking over the service the new provider had made a number of positive changes to the home. These included improved in-house catering arrangements and an electronic care planning system.
- The provider was undertaking a significant programme of extension and refurbishment of the home. Staff

said the result would be "fantastic" and provide a "much better, brighter, modern environment."

#### Working in partnership with others

- The provider and staff promoted good relationships with other care professionals and worked collaboratively to achieve the best outcomes for people who used the service.
- At a recent multi-agency meeting, care professionals had described the management team and staff as "open, helpful and honest" in working together to improve people's health.